

Space Maintenance

Guideline Number: DCG035.05
Effective Date: December 1, 2020

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Related Dental Policies
None

Coverage Rationale

Space Maintainers are indicated for maintaining space due to premature loss of a primary tooth (teeth).

Space Maintainers are contraindicated for the following:

- When permanent tooth/teeth is/are close to eruption
- Member is not compliant or has poor oral hygiene
- Severe crowding already exists
- Space has already been lost

Limitations

- Limited to one per tooth per consecutive 60 months
- Any space maintainer adjustments are inclusive for 6 months
- Limited to persons under the age of 16

Exclusions

- Dental services that are not Necessary
- Any dental procedure not directly associated with dental disease
- Procedures that are considered to be experimental, investigational or unproven. Any treatment, device or pharmacological regimen that is the only available treatment for a particular condition will not result in coverage if the procedure is considered to be an experimental, investigational or unproven service

Definitions

Necessary: Dental Services and supplies which are determined through case-by-case assessments of care based on accepted dental practices to be appropriate; and

- Needed to meet your basic dental needs; and
- Rendered in the most cost-efficient manner and type of setting appropriate for the delivery of the dental service; and
- Consistent in type, frequency and duration of treatment with scientifically based guidelines of national clinical, research, or health care coverage organizations or governmental agencies that are accepted; and
- Consistent with the diagnosis of the condition; and

- Required for reasons other than the convenience of you or your dental provider; and
- Demonstrated through prevailing peer-reviewed dental literature to be either:
 - Safe and effective for treating or diagnosing the condition or sickness for which its use is proposed; or
 - Safe with promising efficacy:
 - For treating a life threatening dental disease or condition; and
 - In a clinically controlled research setting; and

Using a specific research protocol that meets standards equivalent to those defined by the National Institutes of Health

Space Maintainer: A passive appliance, usually cemented in place, that holds teeth in position. (ADA)

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CDT Code	Description
D1510	Space maintainer – fixed – unilateral – per quadrant
D1516	Space maintainer – fixed – bilateral, maxillary
D1517	Space maintainer – fixed – bilateral, mandibular
D1520	Space maintainer – removable – unilateral – per quadrant
D1526	Space maintainer – removable – bilateral, maxillary
D1527	Space maintainer – removable – bilateral, mandibular
D1551	Re-cement or re-bond bilateral space maintainer – maxillary
D1552	Re-cement or re-bond bilateral space maintainer – mandibular
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant
D1556	Removal of fixed unilateral space maintainer – per quadrant
D1557	Removal of fixed bilateral space maintainer – maxillary
D1558	Removal of fixed bilateral space maintainer – mandibular
D1575	Distal shoe space maintainer – fixed – unilateral – per quadrant
D1999	Unspecified preventive procedure, by report

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Description of Services

Space Maintainers are passive appliances designed to prevent tooth movement following premature loss of primary teeth so permanent teeth can erupt into proper position. Additionally, the goal of space maintenance is to prevent loss of arch length, width and perimeter by maintaining the relative position of the existing dentition.

References

Alnahwi HH, Donly KJ, Contreras CI. Space loss following premature loss of primary second molars. Gen Dent. 2015 Nov-Dec;63(6):e1-4. Erratum in: Gen Dent. 2016 Jan-Feb;64(1):79.

American Academy on Pediatric Dentistry Clinical Affairs Committee-Developing Dentition Subcommittee; American Academy on Pediatric Dentistry Council on Clinical Affairs. Guideline on management of the developing dentition and occlusion in pediatric dentistry. Pediatr Dent. 2008-2009;30(7 Suppl):184-95.

American Dental Association (ADA) CDT 2021 Dental Procedure Code Book.

American Dental Association (ADA). Glossary of Dental Clinical and Administrative Terms.

Basavaraj Subhashchandra Phulari. Orthodontics: Principles and Practice. Chapter 19 Preventive Orthodontics. Jaypee Brothers Medical Publishers; 2011. p. 244-245.

Peterson and Davis. Atlas of Pediatric Dentistry. Space Management in Pediatric Dentistry. Available at: <http://depts.washington.edu/peddent/AtlasDemo/space002.html> (Accessed September 4, 2020)

Guideline History/Revision Information

Date	Summary of Changes
03/15/2021	<ul style="list-style-type: none">Updated dental entity brand logo
01/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
12/01/2020	Coverage Rationale <ul style="list-style-type: none">Revised list of conditions for/in which Space Maintainers are indicated:<ul style="list-style-type: none">Removed “to regain space”Revised list conditions for/in which Space Maintainers are contraindicated:<ul style="list-style-type: none">Replaced “when tooth/teeth is/are close to eruption” with “when <i>permanent</i> tooth/teeth is/are close to eruption”Removed “if sufficient amount of space already exists” Supporting Information <ul style="list-style-type: none">Archived previous policy version DCG035.04

Instructions for Use

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare standard dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard dental plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.